

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SHILOH SUITES (0010436)

Address: 1019 15TH AVENUE WEST, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096936 **End Date:** 04/12/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009539 Served 05/18/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		

Survey ID: 0094915 **End Date:** 04/19/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009409 Served 05/27/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(f)	RESIDENT BELIEVED TO BE INCOMPETENT	04/12/2006	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	04/12/2006	Yes
83.32(2)(d)	REVIEW OF PROGRESS	04/12/2006	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092693 **End Date:** 05/25/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Complaint History

Date Complaint Received: 11/23/2004

Date Investigation Completed: 04/19/2005

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
10009409

Date Complaint Received: 11/15/2004

Date Investigation Completed: 04/19/2005

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
10009409

Date Complaint Received: 10/02/2004

Date Investigation Completed: 04/19/2005

Subject Area(s)
RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10009409

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